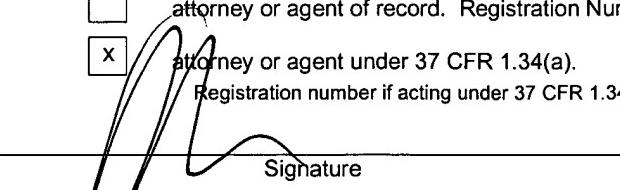




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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) WEN-0002
Application Number 09/893,969	Filed June 29, 2001	
For MEDICAL APPARATUS AND MEDICAL SYSTEM		
Art Unit 3739 Conf. No. 6129	Examiner Henry M. Johnson, III	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020.00	\$510.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u> . I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input type="checkbox"/>	attorney or agent of record. Registration Number _____	
<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>24,104</u>	
 Signature		February 28, 2005 Date
Ronald P. Kananen Typed or printed name		(202) 955-3750 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.	

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